

U.S. MAILING AND MAILED MAILING  
Washington, D.C. 20231

|               |            |                       |                 |
|---------------|------------|-----------------------|-----------------|
| DOCKET NUMBER | FILED DATE | FIRST NAMED APPLICANT | ATTY/DOCKET NO. |
|---------------|------------|-----------------------|-----------------|

EXAMINER

ART UNIT PAPER NUMBER

DATE MAILED:

## NOTICE OF INSUFFICIENT FILING FEES

PLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

] A. Filing Fees due upon filing the application

|                            |                    |
|----------------------------|--------------------|
| Total Filing Fees Due      | = \$ <u>550.00</u> |
| Less Filing Fees Submitted | = \$ <u>150.00</u> |
| BALANCE DUE                | = \$ <u>40.00</u>  |

] B. Fees due in connection with the amendment filed on \_\_\_\_\_

|                     |            |
|---------------------|------------|
| Total Fees Due      | = \$ _____ |
| Less Fees Submitted | = \$ _____ |
| BALANCE DUE         | = \$ _____ |

ATTORNEY FORM PTO-875

Clerk of Group \_\_\_\_\_

PLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT  
submitted \$ \_\_\_\_\_ Signature \_\_\_\_\_

### CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

1008-001 US01

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 33           |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 33 minus 20= | 13                       |
| INDEPENDENT CLAIMS               | 5 minus 3 =  | 2                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

SMALL ENTITY  
TYPE OTHER THAN  
SMALL ENTITY  
OR

|           |        |
|-----------|--------|
| RATE      | Fee    |
| BASIC FEE | 355.00 |
| X\$ 9=    | 117.00 |
| X40=      | 80.00  |
| +135=     |        |
| TOTAL     | 552    |

|           |        |
|-----------|--------|
| RATE      | Fee    |
| BASIC FEE | 710.00 |
| X\$18=    |        |
| X80=      |        |
| +270=     |        |
| TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |       |   |                  |

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

|                            |                        |
|----------------------------|------------------------|
| RATE                       | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=                     |                        |
| X40=                       |                        |
| +135=                      |                        |
| TOTAL<br>ADDITIONAL<br>FEE |                        |

|                            |                        |
|----------------------------|------------------------|
| RATE                       | ADDI-<br>TIONAL<br>FEE |
| X\$18=                     |                        |
| X80=                       |                        |
| +270=                      |                        |
| TOTAL<br>ADDITIONAL<br>FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |       |   |                  |

|                            |                        |
|----------------------------|------------------------|
| RATE                       | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=                     |                        |
| X40=                       |                        |
| +135=                      |                        |
| TOTAL<br>ADDITIONAL<br>FEE |                        |

|                            |                        |
|----------------------------|------------------------|
| RATE                       | ADDI-<br>TIONAL<br>FEE |
| X\$18=                     |                        |
| X80=                       |                        |
| +270=                      |                        |
| TOTAL<br>ADDITIONAL<br>FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  | Total                                     | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>                  |       |   |                  |

|                            |                        |
|----------------------------|------------------------|
| RATE                       | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=                     |                        |
| X40=                       |                        |
| +135=                      |                        |
| TOTAL<br>ADDITIONAL<br>FEE |                        |

|                            |                        |
|----------------------------|------------------------|
| RATE                       | ADDI-<br>TIONAL<br>FEE |
| X\$18=                     |                        |
| X80=                       |                        |
| +270=                      |                        |
| TOTAL<br>ADDITIONAL<br>FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.